PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031
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PETITION FOR EXTENSIO	n of information unless if disptays a valid OMB control numb Docket Number (Optional) 509622000700				
(Fees pursuant to the Consolid					
pplication Number	10/051,229	Filed J	anuary 22, 2002		
or OPTICAL CDMA COM	IMUNICATIONS SYST	EM USING OTDC	DEVICE		
art Unit 2613			Examiner	A. Bello	
his is a request under the pr lentified application.					
he requested extension and	fee are as follows (che	eck time period desi	red and enter the a	ppropriate fee below):	
·		<u>Fee</u>	Small Entity Fee	_	
One month (37 C	FR 1.17(a)(1))	\$120	\$60	\$	
Two months (37	CFR 1.17(a)(2))	\$450	\$225	\$	
X Three months (3	7 CFR 1.17(a)(3))	\$1020	\$510	\$ 1,020.00	
Four months (37 CFR 1.17(a)(4)) \$1590			\$795	\$	
Five months (37 CFR 1.17(a)(5)) \$2160			\$1080	\$	
Anational delaine const		OED 4 07			
Applicant claims small	entity status. See 37	CFR 1.27.			
A check in the amount	of the fee is enclosed.				
Payment by credit car	d. Form PTO-2038 is a	attached.			
X The Director has alrea	dy been authorized to	charge fees in this	application to a Dep	osit Account.	
X The Director is hereby Deposit Account Num	authorized to charge a ber <u>03-1952</u>	I have enclose	ed a duplicate copy m (PTO/SB/17) is a	of this sheet. Fee	
I am the applica	ant/inventor.				
	ee of record of the enti			3).	
x attorne	ey or agent of record. F	Registration Numbe	r 31,942		
	ey or agent under 37 Cl stration number if acting u		***************************************	•	
حالف	x Clut	ine	Decer	mber 4, 2006	
	Signature	Date			
	Alex Chartove	(703) 760-7744			
Тур	ed or printed name	Teleph	none Number		
NOTE: Signatures of all the inventor than one signature is required, see		entire interest or their repr	esentative(s) are required.	Submit multiple forms if more	
Total of	forms are subm	:			

12/05/2006 SZEWDIE1 09000142 031952 10051229

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PTO/SB/17 (01-06)
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to a collection of information unless it displays a valid OMB control number.

E /	Complete if Known											
Fees pursuant to the	Application Number 10/051,229											
FEE TRANSMITTAL				Filing Date January 22, 2002								
For FY 2006			First Named Inv									
				Examiner Name		A. Bello						
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2613								
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00			Attorney Docket	No. 5	509622000700							
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP												
]	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
To the above-identified deposit account, the Director is nereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Credit any overpayments												
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)												
	G, SEARCH, AND E			n filing or may	be subjec	et to a surcha	irge.)					
1. BASIC FILING	•	LING FEES		ARCH FEES	FXAMIN	ATION FEES						
		Small Entity		Small Entity		Small Entity						
Application Ty			Fee (\$		Fee (\$)	Fee (\$)	Fees	Paid (\$)				
Utility	300	150	500		200	100						
Design	200	100	100	50	130	65						
Plant	200	100	300	150	160	80						
Reissue	300	150	500	250	600	300						
Provisional	200	100	0	0	0	0						
2. EXCESS CLAIM FEES Small Entity												
Fee Description Each claim over 20 (including Reissues) Fee (\$) 50 25												
1	nt claim over 3 (incl				50 200	25						
Multiple depend		duling Keissues)					360	100 180				
Total Claims	Extra Claims	Fee (\$)	Fee	Paid (\$)	Mu	Itiple Depende						
Total Claims		x =	100	· aid (ψ)			ee Paid (•				
HP = highest num	ber of total claims paid fo			***************************************			•					
Indep. Claims	Extra Claims	Fee (\$)	Fee	Paid (\$)								
HP = highest number of independent claims paid for, if greater than 3.												
3. APPLICATIO	N SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer												
listings und	er 37 CFR 1.52(e)),	the application s	ize fee di	ue is \$250 (\$125 f				0				
sheets or fra	action thereof. See .	35 U.S.C. 41(a)(1	l)(G) and	137 CFR 1.16(s).								
Total Sheet	s Extra Shee	ts <u>Numbe</u>	r of each	additional 50 or fra	ction thereof	Fee (\$)	<u>Fee</u>	Paid (\$)				
- 100 = /50 (round up to a whole number) x =												
4. OTHER FEE(S) Fees Paid (\$)												
Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00												
SUBMITTED BY												
Signature	Clex	Clif	1	Registration No. (Attorney/Agent)	31,942	Telephone	(703) 76	60-7744				
Name (Print/Type)	Alex Chartove					Date	Decembe	r 4, 2006				